

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Bluegrass Family Health, Inc.
40586
1/1/2016

State:
Market:

Product/Plan Level Calculations

Section I: General Product and Plan Information

| | | | | | | | | | | | |
|---|--|---------------------|-------------------------------------|---|-------------------------------------|---|---|---|---|---|---|
| Product | | Terminated Products | HSA with Employer Contribution | HSA with Employer Contribution | HSA with Employer Contribution | HSA with Employer Contribution | HSA with Employer Contribution | HSA with Employer Contribution | HSA with Employer Contribution | HSA with Employer Contribution | HSA with Employer Contribution |
| Product ID: | | 40586KY564 | 40586KY547 | 40586KY547 | 40586KY547 | 40586KY547 | 40586KY547 | 40586KY547 | 40586KY547 | 40586KY547 | 40586KY547 |
| Metal: | | Catastrophic | Platinum | Gold | Platinum | Gold | Gold | Gold | Silver | Silver | Gold |
| AV Metal Value | | 0.000 | 0.890 | 0.806 | 0.884 | 0.801 | 0.811 | 0.819 | 0.712 | 0.709 | 0.791 |
| AV Pricing Value | | 0.000 | 0.859 | 0.789 | 0.956 | 0.777 | 0.816 | 0.812 | 0.777 | 0.734 | 0.881 |
| Plan Type: | | PPO | PPO | PPO | PPO | PPO | PPO | PPO | PPO | PPO | PPO |
| Plan Name | | Terminated Products | Platinum HSA 2800 10% Embedded Plan | Bluegrass Gold HSA 2800 20% Embedded Plan | Platinum HSA 1900 0% Aggregate Plan | Bluegrass Gold HSA 2800 30% Embedded Plan | Bluegrass Gold HSA 2800 10% Embedded Plan | Bluegrass Gold HSA 3000 10% Embedded Plan | Bluegrass Silver HSA 2800 10% Embedded Plan | Bluegrass Silver HSA 2800 30% Embedded Plan | Bluegrass Gold HSA 2500 0% Aggregate Plan |
| Plan ID (Standard Component ID): | | 40586KY5640011 | 40586KY5470007 | 40586KY5470005 | 40586KY5470035 | 40586KY5470006 | 40586KY5470036 | 40586KY5470037 | 40586KY5470004 | 40586KY5470033 | 40586KY5470032 |
| Exchange Plan? | | No | Yes | Yes | Yes | No | No | No | Yes | No | No |
| Historical Rate Increase - Calendar Year - 2 | | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Historical Rate Increase - Calendar Year - 1 | | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Historical Rate Increase - Calendar Year 0 | | 0.00% | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% |
| Effective Date of Proposed Rates | | 1/1/2015 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 |
| Rate Change % (over prior filing) | | 0.00% | -8.12% | -1.68% | 16.63% | -3.75% | 1.53% | -2.05% | 10.23% | 4.02% | 22.57% |
| Cum'tive Rate Change % (over 12 mos prior) | | -999.00% | -8.12% | -1.68% | 16.63% | -3.75% | 1.53% | -2.05% | 10.23% | 4.02% | 22.57% |
| Proj'd Per Rate Change % (over Exper. Period) | | -100.00% | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| Product Threshold Rate Increase % | | 0.00% | -8.13% | -1.69% | 16.63% | -3.76% | 1.52% | -2.06% | 10.22% | 4.02% | 22.57% |

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

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|----------------------------------|--------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Plan ID (Standard Component ID): | Total | 40586KY5640011 | 40586KY5470007 | 40586KY5470005 | 40586KY5470035 | 40586KY5470006 | 40586KY5470036 | 40586KY5470037 | 40586KY5470004 | 40586KY5470033 | 40586KY5470032 |
| Inpatient | \$0.00 | \$0.00 | -\$2.88 | \$0.77 | \$15.11 | -\$1.00 | \$3.38 | \$1.05 | \$7.49 | \$3.00 | \$16.09 |
| Outpatient | \$0.00 | \$0.00 | -\$31.30 | -\$22.36 | -\$4.97 | -\$24.42 | -\$19.33 | -\$23.07 | -\$11.09 | -\$16.28 | -\$0.68 |
| Professional | \$0.00 | \$0.00 | \$7.34 | \$11.57 | \$29.04 | \$10.44 | \$14.12 | \$11.31 | \$18.44 | \$14.43 | \$29.21 |
| Prescription Drug | \$0.00 | \$0.00 | \$19.72 | \$20.88 | \$38.99 | \$18.81 | \$24.13 | \$21.89 | \$26.73 | \$21.19 | \$37.65 |
| Other | \$0.00 | \$0.00 | -\$12.12 | -\$10.10 | -\$9.06 | -\$10.32 | -\$9.89 | -\$10.41 | -\$8.27 | -\$8.67 | -\$7.68 |

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|--|-------------------------------------|----------|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| | EHB portion of Allowed Claims, PMPM | \$423.83 | \$423.83 | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
|--|-------------------------------------|----------|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|

Section IV: Projected (12 months following effective date)

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|---------------------|---|--------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | Plan ID (Standard Component ID): | Total | 40586KY5640011 | 40586KY5470007 | 40586KY5470005 | 40586KY5470035 | 40586KY5470006 | 40586KY5470036 | 40586KY5470037 | 40586KY5470004 | 40586KY5470033 | 40586KY5470032 |
| Premium Information | Plan Adjusted Index Rate | \$402.64 | | \$412.69 | \$379.07 | \$459.37 | \$373.18 | \$392.00 | \$389.86 | \$373.38 | \$352.49 | \$423.11 |
| | Member Months | 63,163 | - | 235 | 1,967 | 235 | 1,967 | 1,967 | 1,967 | 942 | 942 | 1,967 |
| | Total Premium (TP) | \$25,432,165 | \$0 | \$96,982 | \$745,629 | \$107,951 | \$734,038 | \$771,064 | \$766,858 | \$351,722 | \$332,041 | \$832,256 |
| | EHB Percent of TP, [see instructions] | 100.00% | | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| | state mandated benefits portion of TP that are other than EHB | 0.00% | | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| | Other benefits portion of TP | 0.00% | 100.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Claims Information | Total Allowed Claims (TAC) | \$28,921,441 | | \$105,186 | \$871,956 | \$110,865 | \$871,560 | \$880,430 | \$875,292 | \$421,640 | \$417,392 | \$915,165 |
| | EHB Percent of TAC, [see instructions] | 100.00% | | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| | state mandated benefits portion of TAC that are other than EHB | 0.00% | | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| | Other benefits portion of TAC | 0.00% | 100.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| | Allowed Claims which are not the issuer's obligation | \$8,440,609 | | \$26,854 | \$276,033 | \$22,625 | \$286,107 | \$261,533 | \$260,195 | \$141,093 | \$154,622 | \$240,996 |
| | Portion of above payable by HHS's funds on behalf of insured person, in dollars | \$0 | | | | | | | | | | |
| | Portion of above payable by HHS on behalf of insured person, as % | 0.00% | #DIV/0! | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| | Total Incurred claims, payable with issuer funds | \$20,480,832 | \$0 | \$78,332 | \$595,923 | \$88,240 | \$585,453 | \$618,897 | \$615,097 | \$280,546 | \$262,769 | \$674,169 |
| | | | | | | | | | | | | |
| | Net Amt of Rein | -\$142,117 | | -\$529 | -\$4,426 | -\$529 | -\$4,426 | -\$4,426 | -\$4,426 | -\$2,120 | -\$2,120 | -\$4,426 |
| | Net Amt of Risk Adj | -\$9,474 | | -\$35 | -\$295 | -\$35 | -\$295 | -\$295 | -\$295 | -\$141 | -\$141 | -\$295 |

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|--|-------------------------------------|----------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| | Incurred Claims PMPM | \$324.25 | #DIV/0! | \$333.33 | \$302.96 | \$375.49 | \$297.64 | \$314.64 | \$312.71 | \$297.82 | \$278.95 | \$342.74 |
| | Allowed Claims PMPM | \$457.89 | #DIV/0! | \$447.60 | \$443.29 | \$471.77 | \$443.09 | \$447.60 | \$444.99 | \$447.60 | \$443.09 | \$465.26 |
| | EHB portion of Allowed Claims, PMPM | \$457.89 | #DIV/0! | \$447.60 | \$443.29 | \$471.77 | \$443.09 | \$447.60 | \$444.99 | \$447.60 | \$443.09 | \$465.26 |

Product-Plan Data Collection

Company Legal Name:

KY

HIOS Issuer ID:

Small Group

Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

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|---|--|---|---|---|---|---|---|-------------------------------------|-------------------------------------|--|--|
| | | HSA with Employer Contribution | HSA with Employer Contribution | HSA without Employer Contribution | HSA without Employer Contribution | HSA without Employer Contribution | HSA without Employer Contribution | HRA with Employer Contribution | HRA with Employer Contribution | HRA with Employer Contribution | HRA with Employer Contribution |
| Product | | 40586KY547 | 40586KY547 | 40586KY547 | 40586KY564 | 40586KY547 | 40586KY564 | 40586KY547 | 40586KY547 | 40586KY547 | 40586KY547 |
| Product ID: | | | | | | | | | | | |
| Metal: | | Silver | Silver | Bronze | Bronze | Bronze | Bronze | Platinum | Platinum | Gold | Gold |
| AV Metal Value | | 0.719 | 0.719 | 0.620 | 0.620 | 0.620 | 0.615 | 0.881 | 0.882 | 0.805 | 0.814 |
| AV Pricing Value | | 0.750 | 0.714 | 0.662 | 0.648 | 0.653 | 0.637 | 0.939 | 0.926 | 0.926 | 0.884 |
| Plan Type: | | PPO | PPO | PPO | PPO | PPO | PPO | PPO | PPO | PPO | PPO |
| Plan Name | | Bluegrass Silver HSA 2800 20% Embedded Plan | Bluegrass Silver HSA 2800 50% Embedded Plan | Bluegrass Bronze HSA 3250 50% Embedded Plan | Bluegrass Bronze HSA 4700 20% Embedded Plan | Bluegrass Bronze HSA 4300 30% Embedded Plan | Bluegrass Bronze HSA 5000 20% Embedded Plan | Platinum HRA 1500 20% Embedded Plan | Platinum HRA 2000 20% Embedded Plan | Bluegrass Gold HRA 500 20% Embedded Plan | Bluegrass Gold HRA 500 40% Embedded Plan |
| Plan ID (Standard Component ID): | | 40586KY5470003 | 40586KY5470034 | 40586KY5470002 | 40586KY5640002 | 40586KY5470001 | 40586KY5640027 | 40586KY5470012 | 40586KY5470029 | 40586KY5470010 | 40586KY5470027 |
| Exchange Plan? | | Yes | No | Yes | Yes | Yes | Yes | Yes | No | Yes | No |
| Historical Rate Increase - Calendar Year - 2 | | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Historical Rate Increase - Calendar Year - 1 | | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Historical Rate Increase - Calendar Year 0 | | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% |
| Effective Date of Proposed Rates | | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 |
| Rate Change % (over prior filing) | | 6.73% | -0.85% | 10.40% | 6.13% | 7.11% | 9.88% | 2.41% | -0.66% | 12.10% | 8.47% |
| Cum'tive Rate Change % (over 12 mos prior) | | 6.73% | -0.85% | 10.40% | 6.13% | 7.11% | 9.88% | 2.41% | -0.66% | 12.10% | 8.47% |
| Proj'd Per Rate Change % (over Exper. Period) | | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| Product Threshold Rate Increase % | | 6.72% | -0.86% | 10.40% | 6.12% | 7.11% | 9.87% | 2.41% | -0.67% | 12.10% | 8.46% |

Section II: Components of Premium Increase (PMPM Dollar Amount ab

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|----------------------------------|--------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Plan ID (Standard Component ID): | Total | 40586KY5470003 | 40586KY5470034 | 40586KY5470002 | 40586KY5640002 | 40586KY5470001 | 40586KY5640027 | 40586KY5470012 | 40586KY5470029 | 40586KY5470010 | 40586KY5470027 |
| Inpatient | \$0.00 | \$4.98 | -\$0.85 | \$3.89 | \$2.88 | \$3.14 | \$4.27 | \$6.20 | \$3.84 | \$13.22 | \$2.58 |
| Outpatient | \$0.00 | -\$13.99 | -\$20.59 | -\$11.05 | -\$13.99 | -\$13.32 | -\$11.28 | -\$18.36 | -\$21.89 | -\$6.79 | -\$18.44 |
| Professional | \$0.00 | \$15.94 | \$12.83 | \$17.28 | \$11.87 | \$13.20 | \$13.34 | \$17.30 | \$14.36 | \$20.01 | \$15.11 |
| Prescription Drug | \$0.00 | \$23.56 | \$16.85 | \$19.69 | \$18.65 | \$18.96 | \$19.59 | \$29.82 | \$27.32 | \$36.19 | \$49.46 |
| Other | \$0.00 | -\$8.46 | -\$9.19 | -\$7.24 | -\$7.46 | -\$7.43 | -\$6.94 | -\$11.27 | -\$11.68 | -\$9.49 | -\$10.17 |

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|-------------------------------------|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| EHB portion of Allowed Claims, PMPM | \$423.83 | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
|-------------------------------------|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|

tion IV: Projected (12 months following effective date)

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|---|--------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Plan ID (Standard Component ID): | Total | 40586KY5470003 | 40586KY5470034 | 40586KY5470002 | 40586KY5640002 | 40586KY5470001 | 40586KY5640027 | 40586KY5470012 | 40586KY5470029 | 40586KY5470010 | 40586KY5470027 |
| Plan Adjusted Index Rate | \$402.64 | \$360.45 | \$342.93 | \$318.23 | \$311.10 | \$313.52 | \$305.79 | \$451.02 | \$445.10 | \$444.79 | \$424.48 |
| Member Months | 63,163 | 942 | 942 | 356 | 356 | 356 | 356 | 406 | 406 | 2,324 | 2,324 |
| Total Premium (TP) | \$25,432,165 | \$339,541 | \$323,042 | \$113,291 | \$110,753 | \$111,612 | \$108,861 | \$183,114 | \$180,710 | \$1,033,685 | \$986,492 |
| EHB Percent of TP, [see instructions] | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| state mandated benefits portion of TP that are other than EHB | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Other benefits portion of TP | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Total Allowed Claims (TAC) | \$28,921,441 | \$417,581 | \$413,369 | \$154,401 | \$150,215 | \$151,789 | \$149,019 | \$190,314 | \$187,816 | \$1,118,679 | \$1,112,114 |
| EHB Percent of TAC, [see instructions] | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| state mandated benefits portion of TAC that are other than EHB | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Other benefits portion of TAC | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Allowed Claims which are not the issuer's obligation | \$8,440,609 | \$148,037 | \$158,727 | \$66,109 | \$64,217 | \$65,014 | \$64,728 | \$40,926 | \$40,600 | \$276,647 | \$312,710 |
| Portion of above payable by HHS's funds on behalf of insured person, in dollars | \$0 | | | | | | | | | | |
| Portion of above payable by HHS on behalf of insured person, as % | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Total Incurred claims, payable with issuer funds | \$20,480,832 | \$269,544 | \$254,641 | \$88,292 | \$85,999 | \$86,775 | \$84,290 | \$149,388 | \$147,216 | \$842,031 | \$799,404 |
| | | | | | | | | | | | |
| Net Amt of Rein | -\$142,117 | -\$2,120 | -\$2,120 | -\$801 | -\$801 | -\$801 | -\$801 | -\$914 | -\$914 | -\$5,229 | -\$5,229 |
| Net Amt of Risk Adj | -\$9,474 | -\$141 | -\$141 | -\$53 | -\$53 | -\$53 | -\$53 | -\$61 | -\$61 | -\$349 | -\$349 |

| | | | | | | | | | | | |
|-------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Incurred Claims PMPM | \$324.25 | \$286.14 | \$270.32 | \$248.01 | \$241.57 | \$243.75 | \$236.77 | \$367.95 | \$362.60 | \$362.32 | \$343.98 |
| Allowed Claims PMPM | \$457.89 | \$443.29 | \$438.82 | \$433.71 | \$421.95 | \$426.37 | \$418.59 | \$468.75 | \$462.60 | \$481.36 | \$478.53 |
| EHB portion of Allowed Claims, PMPM | \$457.89 | \$443.29 | \$438.82 | \$433.71 | \$421.95 | \$426.37 | \$418.59 | \$468.75 | \$462.60 | \$481.36 | \$478.53 |

Product-Plan Data Collection

Company Legal Name:

HIOS Issuer ID:

Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

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|---|--|--|--|---|---|---|---|---|---|---|---|
| | | PPO without Employer Contribution | PPO without Employer Contribution | HRA with Employer Contribution | HRA with Employer Contribution | HRA with Employer Contribution | HRA with Employer Contribution | HRA with Employer Contribution | PPO without Employer Contribution | HRA with Employer Contribution | PPO without Employer Contribution |
| Product | | | | | | | | | | | |
| Product ID: | | 40586KY563 | 40586KY563 | 40586KY547 | 40586KY547 | 40586KY547 | 40586KY547 | 40586KY547 | 40586KY563 | 40586KY547 | 40586KY563 |
| Metal: | | Gold | Gold | Gold | Gold | Gold | Gold | Gold | Silver | Silver | Silver |
| AV Metal Value | | 0.792 | 0.793 | 0.811 | 0.783 | 0.784 | 0.803 | 0.794 | 0.708 | 0.720 | 0.698 |
| AV Pricing Value | | 0.977 | 0.983 | 0.878 | 0.853 | 0.854 | 0.837 | 0.837 | 0.846 | 0.785 | 0.842 |
| Plan Type: | | PPO | PPO | PPO | PPO | PPO | PPO | PPO | PPO | PPO | PPO |
| Plan Name | | Bluegrass Gold PPO 800 20% Embedded Plan | Bluegrass Gold PPO 850 10% Embedded Plan | Bluegrass Gold HRA 1000 30% Embedded Plan | Bluegrass Gold HRA 1500 30% Embedded Plan | Bluegrass Gold HRA 2000 20% Embedded Plan | Bluegrass Gold HRA 2500 30% Embedded Plan | Bluegrass Gold HRA 3000 20% Embedded Plan | Bluegrass Silver PPO 2700 30% Embedded Plan | Bluegrass Silver HRA 3000 30% Embedded Plan | Bluegrass Silver PPO 3300 20% Embedded Plan |
| Plan ID (Standard Component ID): | | 40586KY5630004 | 40586KY5630006 | 40586KY5470011 | 40586KY5470030 | 40586KY5470028 | 40586KY5470031 | 40586KY5470025 | 40586KY5630007 | 40586KY5470026 | 40586KY5630002 |
| Exchange Plan? | | No | Yes | Yes | No | Yes | No | No | No | No | No |
| Historical Rate Increase - Calendar Year - 2 | | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Historical Rate Increase - Calendar Year - 1 | | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Historical Rate Increase - Calendar Year 0 | | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% |
| Effective Date of Proposed Rates | | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 |
| Rate Change % (over prior filing) | | 11.58% | 13.23% | 7.10% | 6.18% | 6.63% | 1.36% | 1.62% | 6.35% | 7.80% | 6.09% |
| Cum'tive Rate Change % (over 12 mos prior) | | 11.58% | 13.23% | 7.10% | 6.18% | 6.63% | 1.36% | 1.62% | 6.35% | 7.80% | 6.09% |
| Proj'd Per Rate Change % (over Exper. Period) | | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| Product Threshold Rate Increase % | | 11.58% | 13.22% | 7.10% | 6.18% | 6.62% | 1.36% | 1.62% | 6.35% | 7.79% | 6.09% |

Section II: Components of Premium Increase (PMPM Dollar Amount ab

| | | | | | | | | | | | |
|----------------------------------|--------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Plan ID (Standard Component ID): | Total | 40586KY5630004 | 40586KY5630006 | 40586KY5470011 | 40586KY5470030 | 40586KY5470028 | 40586KY5470031 | 40586KY5470025 | 40586KY5630007 | 40586KY5470026 | 40586KY5630002 |
| Inpatient | \$0.00 | \$12.87 | \$30.41 | \$5.83 | \$4.89 | \$8.50 | \$1.74 | \$5.16 | \$4.81 | \$4.70 | \$7.99 |
| Outpatient | \$0.00 | -\$8.17 | -\$19.90 | -\$15.40 | -\$16.16 | -\$12.19 | -\$20.91 | -\$17.18 | -\$15.50 | -\$14.27 | -\$12.37 |
| Professional | \$0.00 | \$25.30 | \$24.26 | \$14.62 | \$13.25 | \$14.05 | \$9.38 | \$10.01 | \$12.86 | \$12.36 | \$12.93 |
| Prescription Drug | \$0.00 | \$36.97 | \$37.38 | \$39.04 | \$37.08 | \$29.80 | \$33.53 | \$26.27 | \$36.66 | \$33.96 | \$29.00 |
| Other | \$0.00 | -\$10.17 | -\$9.74 | -\$10.01 | -\$9.88 | -\$9.57 | -\$10.44 | -\$10.15 | -\$9.78 | -\$8.92 | -\$9.52 |

| | | | | | | | | | | | |
|-------------------------------------|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| EHB portion of Allowed Claims, PMPM | \$423.83 | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
|-------------------------------------|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|

tion IV: Projected (12 months following effective date)

| | | | | | | | | | | | |
|---|--------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Plan ID (Standard Component ID): | Total | 40586KY5630004 | 40586KY5630006 | 40586KY5470011 | 40586KY5470030 | 40586KY5470028 | 40586KY5470031 | 40586KY5470025 | 40586KY5630007 | 40586KY5470026 | 40586KY5630002 |
| Plan Adjusted Index Rate | \$402.64 | \$469.37 | \$472.30 | \$422.04 | \$409.78 | \$410.34 | \$402.16 | \$402.09 | \$406.23 | \$377.08 | \$404.62 |
| Member Months | 63,163 | 1,596 | 1,596 | 2,324 | 2,324 | 2,324 | 2,324 | 2,324 | 544 | 3,570 | 544 |
| Total Premium (TP) | \$25,432,165 | \$749,118 | \$753,787 | \$980,814 | \$952,331 | \$953,624 | \$934,620 | \$934,459 | \$220,989 | \$1,346,185 | \$220,114 |
| EHB Percent of TP, [see instructions] | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| state mandated benefits portion of TP that are other than EHB | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Other benefits portion of TP | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Total Allowed Claims (TAC) | \$28,921,441 | \$763,321 | \$759,549 | \$1,096,292 | \$1,080,878 | \$1,072,887 | \$1,058,857 | \$1,050,586 | \$247,329 | \$1,613,766 | \$245,032 |
| EHB Percent of TAC, [see instructions] | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| state mandated benefits portion of TAC that are other than EHB | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Other benefits portion of TAC | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Allowed Claims which are not the issuer's obligation | \$8,440,609 | \$149,617 | \$141,628 | \$302,017 | \$312,329 | \$303,170 | \$306,305 | \$298,181 | \$69,172 | \$538,604 | \$67,666 |
| Portion of above payable by HHS's funds on behalf of insured person, in dollars | \$0 | | | | | | | | | | |
| Portion of above payable by HHS on behalf of insured person, as % | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Total Incurred claims, payable with issuer funds | \$20,480,832 | \$613,704 | \$617,921 | \$794,275 | \$768,549 | \$769,716 | \$752,551 | \$752,405 | \$178,156 | \$1,075,163 | \$177,366 |
| | | | | | | | | | | | |
| Net Amt of Rein | -\$142,117 | -\$3,591 | -\$3,591 | -\$5,229 | -\$5,229 | -\$5,229 | -\$5,229 | -\$5,229 | -\$1,224 | -\$8,033 | -\$1,224 |
| Net Amt of Risk Adj | -\$9,474 | -\$239 | -\$239 | -\$349 | -\$349 | -\$349 | -\$349 | -\$349 | -\$82 | -\$536 | -\$82 |

| | | | | | | | | | | | |
|-------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Incurred Claims PMPM | \$324.25 | \$384.53 | \$387.17 | \$341.77 | \$330.70 | \$331.20 | \$323.82 | \$323.75 | \$327.49 | \$301.17 | \$326.04 |
| Allowed Claims PMPM | \$457.89 | \$478.27 | \$475.91 | \$471.73 | \$465.09 | \$461.66 | \$455.62 | \$452.06 | \$454.65 | \$452.04 | \$450.43 |
| EHB portion of Allowed Claims, PMPM | \$457.89 | \$478.27 | \$475.91 | \$471.73 | \$465.09 | \$461.66 | \$455.62 | \$452.06 | \$454.65 | \$452.04 | \$450.43 |

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

| | | | | | | | | | | | |
|---|--|---|---|---|--|---|---|--|---|---|--|
| | | HRA with Employer Contribution | HRA with Employer Contribution | PPO without Employer Contribution | HMO without Employer Contribution | HSA without Employer Contribution | HSA without Employer Contribution | HSA without Employer Contribution | PPO without Employer Contribution | PPO without Employer Contribution | HMO without Employer Contribution |
| Product | | 40586KY547 | 40586KY547 | 40586KY563 | 40586KY581 | 40586KY578 | 40586KY578 | 40586KY578 | 40586KY579 | 40586KY579 | 40586KY581 |
| Product ID: | | | | | | | | | | | |
| Metal: | | Silver | Silver | Silver | Silver | Silver | Silver | Silver | Gold | Gold | Gold |
| AV Metal Value | | 0.712 | 0.710 | 0.714 | 0.714 | 0.687 | 0.709 | 0.687 | 0.820 | 0.783 | 0.783 |
| AV Pricing Value | | 0.784 | 0.773 | 0.925 | 0.827 | 0.751 | 0.781 | 0.761 | 1.025 | 0.964 | 0.859 |
| Plan Type: | | PPO | PPO | PPO | HMO | PPO | PPO | PPO | PPO | PPO | HMO |
| Plan Name | | Bluegrass Silver HRA 3500 20% Embedded Plan | Bluegrass Silver HRA 3500 30% Embedded Plan | Bluegrass Silver PPO 5000 20% Embedded Plan | HMO 5000 20% Embedded Baptist Health Community | Bluegrass Silver HSA 3000 20% Embedded Plan | Bluegrass Silver HSA 3000 10% Embedded Plan | Bluegrass Silver HSA 4000 0% Embedded Plan | Bluegrass Gold PPO 1000 20% Embedded Plan | Bluegrass Gold PPO 2000 20% Embedded Plan | HMO 2000 20% Embedded Baptist Health Community |
| Plan ID (Standard Component ID): | | 40586KY5470008 | 40586KY5470009 | 40586KY5630005 | 40586KY5810002 | 40586KY5780001 | 40586KY5780002 | 40586KY5780003 | 40586KY5790001 | 40586KY5790002 | 40586KY5810001 |
| Exchange Plan? | | No | No | Yes | Yes | Yes | No | No | No | Yes | Yes |
| Historical Rate Increase - Calendar Year - 2 | | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Historical Rate Increase - Calendar Year - 1 | | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Historical Rate Increase - Calendar Year 0 | | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% |
| Effective Date of Proposed Rates | | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 |
| Rate Change % (over prior filing) | | 8.14% | 7.11% | 16.71% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Cum'tive Rate Change % (over 12 mos prior) | | 8.14% | 7.11% | 16.71% | -999.00% | -999.00% | -999.00% | -999.00% | -999.00% | -999.00% | -999.00% |
| Proj'd Per Rate Change % (over Exper. Period) | | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| Product Threshold Rate Increase % | | 8.13% | 7.11% | 16.71% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

Section II: Components of Premium Increase (PMPM Dollar Amount ab

[illegible]

| | | | | | | | | | | | |
|-------------------------------------|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| EHB portion of Allowed Claims, PMPM | \$423.83 | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
|-------------------------------------|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|

tion IV: Projected (12 months following effective date)

| | | | | | | | | | | | |
|---|--------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Plan ID (Standard Component ID): | Total | 40586KY5470008 | 40586KY5470009 | 40586KY5630005 | 40586KY5810002 | 40586KY5780001 | 40586KY5780002 | 40586KY5780003 | 40586KY5790001 | 40586KY5790002 | 40586KY5810001 |
| Plan Adjusted Index Rate | \$402.64 | \$376.53 | \$371.23 | \$444.45 | \$397.11 | \$360.98 | \$374.99 | \$365.79 | \$492.39 | \$463.23 | \$412.54 |
| Member Months | 63,163 | 3,570 | 3,570 | 544 | 2,134 | 942 | 942 | 942 | 1,596 | 1,596 | 4,180 |
| Total Premium (TP) | \$25,432,165 | \$1,344,200 | \$1,325,302 | \$241,778 | \$847,428 | \$340,043 | \$353,244 | \$344,571 | \$785,851 | \$739,314 | \$1,724,434 |
| EHB Percent of TP, [see instructions] | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| state mandated benefits portion of TP that are other than EHB | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Other benefits portion of TP | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Total Allowed Claims (TAC) | \$28,921,441 | \$1,600,938 | \$1,600,944 | \$253,518 | \$998,194 | \$415,462 | \$419,181 | \$417,270 | \$766,102 | \$749,725 | \$1,970,695 |
| EHB Percent of TAC, [see instructions] | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| state mandated benefits portion of TAC that are other than EHB | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Other benefits portion of TAC | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Allowed Claims which are not the issuer's obligation | \$8,440,609 | \$527,569 | \$544,645 | \$56,584 | \$316,908 | \$145,465 | \$137,260 | \$143,182 | \$119,220 | \$144,876 | \$577,934 |
| Portion of above payable by HHS's funds on behalf of insured person, in dollars | \$0 | | | | | | | | | | |
| Portion of above payable by HHS on behalf of insured person, as % | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Total Incurred claims, payable with issuer funds | \$20,480,832 | \$1,073,369 | \$1,056,299 | \$196,934 | \$681,287 | \$269,997 | \$281,921 | \$274,087 | \$646,883 | \$604,849 | \$1,392,761 |
| | | | | | | | | | | | |
| Net Amt of Rein | -\$142,117 | -\$8,033 | -\$8,033 | -\$1,224 | -\$4,802 | -\$2,120 | -\$2,120 | -\$2,120 | -\$3,591 | -\$3,591 | -\$9,405 |
| Net Amt of Risk Adj | -\$9,474 | -\$536 | -\$536 | -\$82 | -\$320 | -\$141 | -\$141 | -\$141 | -\$239 | -\$239 | -\$627 |

| | | | | | | | | | | | |
|-------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Incurred Claims PMPM | \$324.25 | \$300.66 | \$295.88 | \$362.01 | \$319.25 | \$286.62 | \$299.28 | \$290.96 | \$405.31 | \$378.98 | \$333.20 |
| Allowed Claims PMPM | \$457.89 | \$448.44 | \$448.44 | \$466.03 | \$467.76 | \$441.04 | \$444.99 | \$442.96 | \$480.01 | \$469.75 | \$471.46 |
| EHB portion of Allowed Claims, PMPM | \$457.89 | \$448.44 | \$448.44 | \$466.03 | \$467.76 | \$441.04 | \$444.99 | \$442.96 | \$480.01 | \$469.75 | \$471.46 |

Product-Plan Data Collection

Company Legal Name:

HIOS Issuer ID:

Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

| | | | | | | |
|---|--|---|---|---|---|--|
| Product | | PPO without Employer Contribution | PPO without Employer Contribution | PPO without Employer Contribution | PPO without Employer Contribution | PPO without Employer Contribution |
| Product ID: | | 40586KY579 | 40586KY579 | 40586KY579 | 40586KY579 | 40586KY579 |
| Metal: | | Silver | Silver | Silver | Silver | Silver |
| AV Metal Value | | 0.720 | 0.719 | 0.693 | 0.685 | 0.685 |
| AV Pricing Value | | 0.870 | 0.873 | 0.835 | 0.826 | 0.845 |
| Plan Type: | | PPO | PPO | PPO | PPO | PPO |
| Plan Name | | Bluegrass Silver PPO 2500 25% Embedded Plan | Bluegrass Silver PPO 3000 20% Embedded Plan | Bluegrass Silver PPO 4000 25% Embedded Plan | Bluegrass Silver PPO 3000 25% Embedded Plan | Bluegrass Silver PPO 6000 0% Embedded Plan |
| Plan ID (Standard Component ID): | | 40586KY5790003 | 40586KY5790004 | 40586KY5790005 | 40586KY5790006 | 40586KY5790007 |
| Exchange Plan? | | No | Yes | No | No | Yes |
| Historical Rate Increase - Calendar Year - 2 | | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Historical Rate Increase - Calendar Year - 1 | | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Historical Rate Increase - Calendar Year 0 | | 8.15% | 8.15% | 8.15% | 8.15% | 8.15% |
| Effective Date of Proposed Rates | | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 | 1/1/2016 |
| Rate Change % (over prior filing) | | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Cum'tive Rate Change % (over 12 mos prior) | | -999.00% | -999.00% | -999.00% | -999.00% | -999.00% |
| Proj'd Per Rate Change % (over Exper. Period) | | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| Product Threshold Rate Increase % | | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

Section II: Components of Premium Increase (PMPM Dollar Amount abn

| | | | | | | |
|----------------------------------|--------|----------------|----------------|----------------|----------------|----------------|
| Plan ID (Standard Component ID): | Total | 40586KY5790003 | 40586KY5790004 | 40586KY5790005 | 40586KY5790006 | 40586KY5790007 |
| Inpatient | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Outpatient | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Professional | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Prescription Drug | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Other | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

| | | | | | | |
|----------------------------|--------|--------|--------|--------|--------|--------|
| Capitation | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Administration | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Taxes & Fees | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Risk & Profit Charge | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total Rate Increase | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Member Cost Share Increase | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

| | | | | | | |
|---------------------------|----------|-----|-----|-----|-----|-----|
| Average Current Rate PMPM | \$285.97 | | | | | |
| Projected Member Months | 63,163 | 544 | 544 | 544 | 544 | 544 |

ation III: Experience Period Information

| | | | | | | |
|---|--------------|----------------|----------------|----------------|----------------|----------------|
| Plan ID (Standard Component ID): | Total | 40586KY5790003 | 40586KY5790004 | 40586KY5790005 | 40586KY5790006 | 40586KY5790007 |
| Plan Adjusted Index Rate | \$308.27 | | | | | |
| Member Months | 63,140 | | | | | |
| Total Premium (TP) | \$19,464,105 | \$0 | \$0 | \$0 | \$0 | \$0 |
| EHB Percent of TP, [see instructions] | 100.00% | | | | | |
| state mandated benefits portion of TP that are other than EHB | 0.00% | | | | | |
| Other benefits portion of TP | 0.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| Total Allowed Claims (TAC) | \$26,760,322 | | | | | |
| EHB Percent of TAC, [see instructions] | 100.00% | | | | | |
| state mandated benefits portion of TAC that are other than EHB | 0.00% | | | | | |
| Other benefits portion of TAC | 0.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| Allowed Claims which are not the issuer's obligation: | \$5,513,472 | | | | | |
| Portion of above payable by HHS's funds on behalf of insured person, in dollars | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Portion of above payable by HHS on behalf of insured person, as % | 0.00% | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| Total Incurred claims, payable with issuer funds | \$21,246,850 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | | | | | | |
| Net Amt of Rein | \$0.00 | | | | | |
| Net Amt of Risk Adj | \$0.00 | | | | | |
| | | | | | | |
| Incurred Claims PMPM | \$336.50 | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
| Allowed Claims PMPM | \$423.83 | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |

| | | | | | | |
|-------------------------------------|----------|---------|---------|---------|---------|---------|
| EHB portion of Allowed Claims, PMPM | \$423.83 | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! |
|-------------------------------------|----------|---------|---------|---------|---------|---------|

:tion IV: Projected (12 months following effective date)

| | | | | | | |
|---|--------------|----------------|----------------|----------------|----------------|----------------|
| Plan ID (Standard Component ID): | Total | 40586KY5790003 | 40586KY5790004 | 40586KY5790005 | 40586KY5790006 | 40586KY5790007 |
| Plan Adjusted Index Rate | \$402.64 | \$418.04 | \$419.35 | \$401.17 | \$396.75 | \$405.71 |
| Member Months | 63,163 | 544 | 544 | 544 | 544 | 544 |
| Total Premium (TP) | \$25,432,165 | \$227,414 | \$228,125 | \$218,235 | \$215,833 | \$220,707 |
| EHB Percent of TP, [see instructions] | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| state mandated benefits portion of TP that are other than EHB | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Other benefits portion of TP | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Total Allowed Claims (TAC) | \$28,921,441 | \$248,407 | \$247,025 | \$244,189 | \$243,079 | \$243,433 |
| EHB Percent of TAC, [see instructions] | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |
| state mandated benefits portion of TAC that are other than EHB | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Other benefits portion of TAC | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Allowed Claims which are not the issuer's obligation | \$8,440,609 | \$64,448 | \$62,423 | \$68,521 | \$69,580 | \$65,531 |
| Portion of above payable by HHS's funds on behalf of insured person, in dollars | \$0 | | | | | |
| Portion of above payable by HHS on behalf of insured person, as % | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Total Incurred claims, payable with issuer funds | \$20,480,832 | \$183,960 | \$184,601 | \$175,669 | \$173,499 | \$177,902 |
| | | | | | | |
| Net Amt of Rein | -\$142,117 | -\$1,224 | -\$1,224 | -\$1,224 | -\$1,224 | -\$1,224 |
| Net Amt of Risk Adj | -\$9,474 | -\$82 | -\$82 | -\$82 | -\$82 | -\$82 |

| | | | | | | |
|-------------------------------------|----------|----------|----------|----------|----------|----------|
| Incurred Claims PMPM | \$324.25 | \$338.16 | \$339.34 | \$322.92 | \$318.93 | \$327.03 |
| Allowed Claims PMPM | \$457.89 | \$456.63 | \$454.09 | \$448.88 | \$446.84 | \$447.49 |
| EHB portion of Allowed Claims, PMPM | \$457.89 | \$456.63 | \$454.09 | \$448.88 | \$446.84 | \$447.49 |